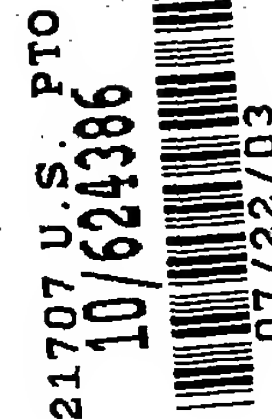


TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.

526 Superior Avenue, Suite 1111
Cleveland, Ohio 44114

(216) 621-2234



PATENT

Attorney Docket No. SMB-6664

Mail Stop New Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Jorge D. Fernandez**

For (title): **A WIRELESS MESSAGE SYSTEM WITH MONITOR FEEDBACK
AND AUTOMATIC BACKUP CONTROL**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

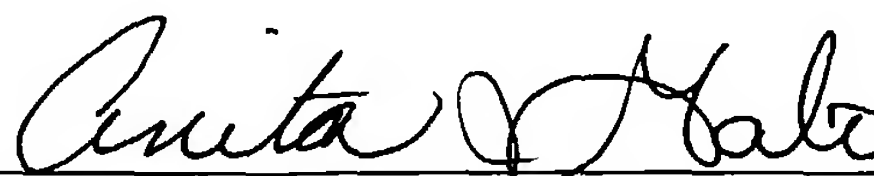
- 10 Pages of specification
1 Pages Abstract
4 Pages of claims
9 Sheets of drawing (Figs. 1-8)
☒ formal
☐ informal

In addition to the above papers there is also attached:

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date July 22, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU-712716698US addressed to Mail Stop New Patent Application Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo
(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Not Executed)
☐ Not Enclosed.

3. Language:

- ☒ English
☐ Non-English
☐ A verified English translation of the
☐ specification and claims
☐ declaration
is attached.

4. Assignment:

- ☐ An assignment of the invention to _____

☐ is attached.
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

| (Country) | (Appln. No.) | (Filed) |
|-----------|--------------|---------|
| (Country) | (Appln. No.) | (Filed) |
| (Country) | (Appln. No.) | (Filed) |

from which priority is claimed

- ☐ is attached
☐ will follow

6. **Fee Calculation:**
 (Small entity filing fee is 50% normal fee)

| CLAIMS AS FILED | | | | |
|-------------------------------------|--------------|-------|---------------|-----------|
| Number Filed | Number Extra | | Rate | Basic Fee |
| | | | | \$ 375.00 |
| Total Claims | 29 | -20 = | 9 X \$ 9.00 | 81.00 |
| Independent Claims | 2 | - 3 = | 0 X \$ 42.00 | 0.00 |
| Multiple dependent claim(s), if any | | | 0 + \$ 140.00 | 0.00 |

- ☐ Amendment canceling extra claims enclosed
- ☒ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$456.00**

7. **Small Entity Statement**

- ☒ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- | | |
|---|-----------------|
| <input checked="" type="checkbox"/> basic filing fee | <u>\$456.00</u> |
| <input type="checkbox"/> assignment recordal fee | <u>\$</u> |
| <input type="checkbox"/> for processing an application with a specification in a non-English language | <u>\$</u> |
| Total fees enclosed | <u>\$456.00</u> |

9. **Method of Payment Fees:**

☒ check in the amount of \$ 456.00 enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

☒ refund

**TAROLLI, SUNDHEIM, COVELL,
& TUMMINO L.L.P.**
526 SUPERIOR AVENUE, SUITE 1111
CLEVELAND, OHIO 44114
Tel. No. (216) 621-2234
Fax. No. (216) 621-4072



SIGNATURE OF ATTORNEY, REG. NO. 40,871
CUSTOMER NO. 26,294

Richard S. Wesorick

Type or print name of attorney